

**DEPARTMENT OF POST GRADUATE STUDIES**

SCHOOL OF ONLINE AND DISTANCE LEARNING

**MODULE: HUMANITARIAN & DEVELOPMENT STUDIES**

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| ASSIGNMENT BRIEF: | 1. Define first Aid? Why is it important for a humanitarian development practitioner to have first Aid skills?  2. Explain in detail, the four responsibilities of a first aider  3. Explain the universal precautions expected of one before engaging in any rescue mission as a first aider  4. As a humanitarian development practitioner, explain how you can execute a cardiopulmonary resuscitation first aid experience  5. Explain briefly the first aid process in the following processes  **a)** An open fracture **b)** A closed fracture **c)** Poisoning by ingestion **d)** Unconscious victim **e)** Spinal injury  6. As a first aider, how will you manage the following conditions  **a)** Asthma **b)** Stroke **c)** Heart Attack  7. As a humanitarian development practitioner, what are some of the challenges in your Country within the humanitarian sector in terms of research? | |
| Guide to Students: | |  |
| 1. Maximum 7-15 pages Word Processor 2. Use Time New Roman 3. Font Size -12, and 1.5 Spacing | | |
| Instructions to Students: | |  |
| 1. The assignment Must be handed in Without Fail by the Due Date 2. Ensure the Submission Form Date at Reception when you handed it in. 3. Late Submission Will Not be Accepted Unless with Prior Agreement With the Course Lecturer/Tutor 4. All Assessable Assignments MUST Be Word Processed. | | |

**Questions.**

1. Define first Aid? Why is it important for a humanitarian development practitioner to have first Aid skills?

First aid is the first medical assistance provided to an injured or sick person before an advance medical care or emergency lifesaving medical care has arrived. This is always the primary response strategy to avoid further damage or injury to casualties. It includes home care if medical assistance is not available or delayed. It also includes well selected words of encouragement, evidence of willingness to help, and promotion of confidence by demonstration of competence.

All humanitarian workers requires the principles and skills of first aids as they may be the only rescuer or person available to provide support and help in humanitarian crisis situations. Such humanitarian situation may result from manmade or natural emergency or disasters. While in emergency people can cope up after first aid, in disaster there is an immense need to respond through a humanitarian umbrella. A disaster may result in people being; Trapped under the ruins of buildings that have collapsed, Buried under mud or landslides, Cut off by floods or the blockage of communication routes, and general destruction of service points. These people must be reached and secured. Relatives, friends and local volunteers will mostly assist the rescue work out spontaneously. Often it is essential to have available; Ladders, Ropes, Heavy gloves, Spades, Picks, Planks, Pocket torches, the rescue team.

It’s important for humanitarian workers to be acquainted with first aid skills for a number of reasons during any emergency and disasters. Examples it’s well documented that the first effective care provided during emergency will definitely improve the general outcome of a community and casualties following disasters, emergencies, and injuries. Therefore, it’s of vital sense to be knowledgeable in first aids as an emergency humanitarian worker. The key specific importance of first aid skills are; Preserving lives, Preventing further injuries and damages, Protecting from more dangers, and Promoting the recovery and healing of a victims. However, above all it allows you to act in an ethical manner by ensuring consent or implied consenting, acting within a reasonable skills as required by laws, avoiding negligence’s and abandonment that can goes with penalty in the justice arms.

1. Explain in detail, the four responsibilities of a first aider

First aid has been a mission of the Good Samaritan people and those who cares about those in sufferings. In its historical evolution, first aid to date has been known to take place everywhere; at home, work place, schools, churches, and any other environment deem necessary. However, due to the changing context and increasing knowledge, the provision of first aid in principles has been governed by many laws around it. First the care should be out of consent or implied consent, acting with reasonable skills, and no or little negligence and abandonment of victims and casualty should be guaranteed. Therefore, as a first aider the four basic Principles to provision of care is Preserve, Prevent, Protect and Promotes lives through live saving procedures to all victims and yourself. This hour of providing this critical initial help is referred to as the “Golden Hour” because it’s the most critical time that a casualty lives can be saved from further danger.

Preserving lives means providing the minimum care where possible to enable the sustenance live. Example doing the mouth to mouth resuscitation to causality is an attempt to ensure the lifesaving of an otherwise unconscious casualty, providing safety to bystanders and rescuers from further injuries during an emergency or disasters. Doing fibrillation to unconscious patient may prove very important to ensure the victims reaches further advance medical care later.

Protecting from harms. It’s the full responsibility of a first aider to ensure safety first and this requires a mixed of both first aid skills and leaderships in disaster situations or context. Example during most disaster people are in a state of fear, panic, and erratic movements which may aggravate harms and damages to self, rescuers, and bystanders. It’s advisable that during such situation as a first aider you apply a mixed of the two skills of first aid and leadership to ensure the safety of the scene and everyone. According to American Red Cross society, four distinct leader prototypes have emerged among the Red Cross workers under the pillar of protectionism: *Show Me the Way; See Me, then Tell Me; Stand beside Me; and Please Understand Me!*

Preventing further injuries and damages to casualties through active mobilizations, placement, and use of available resources to limits further damage in whatsoever way possible. Example to a fractured parts requires urgent assessment, immobilizations, and securing safe removal from the scene or injury site. Arresting bleeding are very vital in ensuring preservation of lives that could get lost due to hypovolaemic shock, removing a casualty from danger site or been trapped inside machinery could be pivotal to reduce further crushing of tissues that may confound to worst outcome of the casualty. But of all a first aider should ensure the treatment or any assistance being provided doesn’t put the patient’s conditions to worse than before.

Promoting healing and recovery of victims and casualties. Reassurance of a casualty in a scene is as important and giving treatment during first aid response. Though not always the case but in many circumstances bystanders, caretakers, relatives, and other rescuers feel guilty for having done little to help the victims situation; hence in giving a brief moment of reassurance to both the victims and others who might contributed in the response provides a strong ground for the healing process and probable outcomes of the casualty in danger.

1. Explain the universal precautions expected of one before engaging in any rescue mission as a first aider

The most serious and dangerous situation always involves a rush into saving casualties before assessing the threats and risk of hazards. Universal precaution is a risk management strategy that must be adopted by all humanitarian workers in order to allow for complete reduction, elimination and or isolation of hazards. The basic three types of risk involves are risk to source example machines causing the injury, risk to external factors which are the hazards example the body fluids and risk from rescuers and bystanders example due to little knowledge of rescue, panic, and fears. Therefore, universally in principle one must always try to eliminate, isolate, and minimize any hazards in the response environment before any first aid services provision to casualties. The most vital steps requires first primary assessment, and then secondary assessment of the victims environment and surrounding to ensure both of you are safe and will be safer for the bystanders and others to come in to provides help. This must in practice not be more than 10-15 seconds long as any further delays may aggravate loss of lives or increased injuries and damage to self especially in situations of machinery and automotive accidents. The most appropriate ways to perform this in principles is to know the potential routes, risk, and hazards within the response environment and technically chose the appropriate Personal Protective Equipment’s (PPEs).

Risk of exposure by contact requires- washing hands, Gloves, mask, gowns, and gumboots if possible. Risk through droplets requires washing hands, mask, face shields, gloves, and gown. However, in certain situation there is need to prepare beyond this basic list. Risk through air transmission requires hand washing, mask, face shield, gowns and alerts signage to bystanders and others who may be called to provide assistance in the rescue process.

1. As a humanitarian development practitioner, explain how you can execute a cardiopulmonary resuscitation first aid experience.

Cardiopulmonary Resuscitation is a procedure perform to enable air circulation into the lungs whilst providing tissues perfusion with adequately oxygenated blood to maintain vital organs functions, example of the lungs, brain, and heart during a state of unconsciousness and injuries until a medical ambulance or advance medical service arrives (Buy time procedure). It’s one of the live saving procedures performed after the assessment indicating a threat to life and the state of the casualty is in coma or semi-coma. This particular procedure signifying principles number one of the first aid practice in preserving lives can be performed in infants, children, and adult alike. The basic equipment’s required ranges from bare skills to sophisticated medical devices such as defibrillators used in advance first aid care before sending a casualty for advance medical care. This procedure however, presents an opportunity to infectious agent’s transmission. Example body fluids borne infectious agents such as HIV, Hepatitis, other forms of STIs, and personal injuries especially in fitting patients.

The basic of the procedure for all age groups (adults, children, and infants) involves; the Primary emergency scene assessments and management (maximizing safety and treat immediate threats), drag victim alone over the shoulder or ankles away from danger, Assessing responsiveness, Sending for helps and activating the emergency calls, Opening airways and checking for breathing, in as little as 10 seconds to Look, Listen, and Feeling the breathe of the victim. It involves laying the victims on the back, provides chest compressions (Push hard, push faster), Tilting head slightly for ventilation to reach the lungs, giving at every compression a breath into the victims mouth, controlling any bleeding, where appropriate using defibrillators, and then repeating the procedures while looking, listening, and feeling the breathe until Emergency Service Management teams arrived to take over.

As stated above the first action here is to eliminate any danger to self or casualty, after which the level of response and alerts be assessed for consciousness. The AVPU acronym is used to grade the levels of consciousness of the victims to the environment; being Alert to the environment, Voice response from the casualty when called, Pain associated response example following finger bed pressures, and Unresponsive to all external signals. This requires the first aider to understand that the brain is very vital in performing body functions. It requires glucose and oxygen for its normal function and any deviation in the quantity and volume of these would alter the state of the infant’s brain functions.

When the causes of unresponsiveness is identified, it’s removed immediately and establish the airway patency. If the cause of the unresponsiveness is due to the tongue falling back, apply appropriate techniques to secure the airway by opening the mouth, sweep your finger round for visible object, and “head-tilt and chin-lift” technique in children and adults. Remember the tongue directly controls the opening of the airways and in any unconscious infants the relaxed tongue muscles can cause partial to complete obstruction of the airways and should always be acted upon first to secure breathing. In preforming CPR, the specific steps by age categories are further explained below.

Conducting CPR in Infants- Infants are the age groups below one year. The two fingers technique is applied after the infant is laid on a firm table or platform with the head kept in a neutral position. Avoid head tilting and chin lifting as the vocal cord of infant’s is narrow and pliable, and can easily rupture or tears when excess force is used. However, in situation where necessary especially when maneuvers of airway fails to clearly opens up, slight head tilt can be applied. Using the two fingers placed at the sternum apply deep consistent rhythmic compression up to 2/3 deep down the chest and allow for maximum chest recoil after every compression and an equal time between compression and ventilation. Every compression should go at approximately 100 per minutes. While performing this rescuers could be changed every two minutes to avoid fatigue and inconsistencies in the compressions.

Conducting CPR in Children’s and adults-These are the group between one year to puberty and post puberty. The one hand techniques and two hand techniques is used for these groups of casualties. In the two hands technique, one hand is placed on the forehead and the other on the chin with the thumb and the index finger providing a tilt onto the chin to open up the airway. The finger is swept round the mouth to remove visible debris blocking airways. Inserts fingers high up inside the mouth from one side and flip the fingers to the other side to remove clots of blood, vomits, and other debris. It’s necessary to avoid excessive force and movement of head in neck injury.

Kneel besides the victims and clench two fingers together and place them interlocked with each other, place in the sternum of the chest and with consistent force apply a 30 push to 2 breaths while checking the response in every end of cycle. Use widely opened mouth to take in deep breath and breathes inside the casualty mouth at every 30 compressions while the other hand supports the chin high up to secure an open airways. Reassess and repeat the process until a rise in the chest or upper abdomen is felt or seen. Perform this process of airway opening, compressing the chest, and rescue breathes as a cycle in as many time as possible to initiate breathing. As this procedure is being done, the rescuer looks at the chest for upward and downward movements, listen to air escaping out of the lungs through the mouth and nose, and feels the breath on one side of the nose. However, in cases where there is no chest rising check for obstructions and inadequate seal around the mouth during each cycle.

In every unconscious person it’s mandatory that visible cause of danger be removed or casualty be remove from the danger using the shoulder drag approach or the three man technique to lift at shoulder and ankle as soon as possible while avoiding unnecessary neck twist and bending as this maneuver may aggravate spinal injuries and worsen casualty’s conditions. Bleeding and deformity be immobilize using available materials; examples broken arms and legs be splinted as part of an ongoing management and care as awaits ambulance services. Remember to use PPEs especially gloves during these procedures to reduce the risk and chances of infections during the procedure. Below the table summarizing the key CPR procedure.

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| CPR Steps | Adult & older child  (9 Yrs +) | Young Child  (1 to 8 Yrs) | Infants  (Up to 1 Yr) |
| Head tilt | Fully tilted back | Partial tilt | No ,Head in neutral position |
| Chin Lift | Yes | Yes | Yes |
| Breaths | 2 Full breaths | 2 Small breaths | 2 Puffs |
| Chest Compressions | 2 Hands | 1 or 2 Hands | 2 Fingers |
| Compression depths | 1/3 of Chest depths- > 5 cm deep | 1/3 of Chest depth- approx. 5 cm | 1/3 of Chest depth- approx. 4 cm |
| Compression rates | Approx. 100 per minutes | Approx. 100 per minutes | Approx.100 per minutes |
| Compression: Breaths ratio (1-2 first aiders doing CPR) | 30 Compressions: 2 rescue breaths | 30 Compressions: 2 rescue breaths | 30 Compressions: 2 rescue breaths |
| Ideal CPR cycle rate | 5 cycles of 30: 2 every 2 minutes | 5 cycles of 30: 2 every 2 minutes | 5 cycles of 30: 2 every 2 minutes |

In conclusion a CPR is a Chain of survival procedures performed to enable a casualty recovers or get better as soon as possible. The four chains of this survival steps in principles starts with early Access to identify the problems and sought for help, Early CPR to buy time for medical care arrivals, Early defibrillation to restart the heart in case it has failed, Early advance life support to minimize damage and promotes quick and better recovery to all casualties. Hence, as a first aider the quick and prompt actions in the first three steps above would hugely increase the chance of survival of a victim injured or in acute sever sickness.

1. Explain briefly the first aid process in the following processes
2. An open fracture: - Open fracture is when a bone is broken and the skin is pierced and part of broken bone is protruding out or there is an open wound with bleeding from the broken site. In any trauma to joints, bones, and muscles the most appropriate principles of management is an acronym of RICE- Resting the part, Immobilization, Cold compress using an ice cold packs or soft clothing soaked in cold water for up to 20 minutes to reduce rate of bleeding and inflammatory process at site of trauma, and lastly to Elevate the part affected in an attempt to reduce swelling and possible tissue hypo perfusion.

The basic vital first aid steps in open fracture management involves controlling bleeding by padding the broken skin using available gauze pads or casualty clothing, keep affected part stable and reduce or avoid excessive movement of the part affected, support and immobilize affected part using available material (wood, stick, and or body parts) in the position you found the casualty, reassure the casualty to reduce anxiety that can lead to shock, treat the casualty to reduce shock, call for an ambulance or help to transfer the casualty for advance care. It’s advisable not to try to straighten the injured part and avoid moving casualty except in danger of more injuries anticipated.

1. A closed fracture- It’s a type of fracture whereby the bone is broken but the skin is intact. Follow the DRSABCD protocol and later the basic steps of management of Resting, Immobilization, Cold compress, and Elevate the affected parts. However, the difference is you don’t need to control bleeding in closed fracture as it’s not visibly seen though sometimes internally bleeding can be occurring. Hence the application of Cold compress, and immobilization always helps in the control of in case an internal bleeding happening. Activate ambulance and treat other obvious danger signs such as shock. While splinting a broken leg or arm the splint should be long enough to support the joints above and below the fracture point to help reduce movement of the affected part.
2. Poisoning by ingestion- This is when a poison is swallowed accidentally or intentionally by an individual. In practice as a first aider, you need not wait for signs and symptom of poisoning to act. Call poison center immediately, activate for ambulance emergency services. Advice to wash mouth with water and avoid triggering vomiting, if signs gets worse follow the basic steps for life support, open air ways, maintain circulations, calm the casualty and reassure, collects evidence if available of the causes of the poisoning (bottles, cups, and tablets).
3. Unconscious victim- This is a casualty who is not able to respond to external signal. Causes can be airway occlusions, excess bleeding, shock, head injury, chest injury, and or general hypo perfusion due to other causes other than trauma. Initiate management by following the DRSABCD protocols and activate the emergency service calls for ambulance.

In this case lie the person by recovery position or supine positon, assess the airway for possible debris and particles blocking airways, removed them by sweeping finger one side to the other of the casualty mouth, look, listen, and feel the breath. If the chest and upper abdomen is not rising initiate cardiopulmonary resuscitations by placing hands inter-locked at lower sternum and push hard 5cm depth for 30 times and give 2 rescue breaths. Reassess the status and repeat the process as above, call emergency service management and ambulance for help. If possible use defibrillator to restart the heart as awaits referral services. Remember to gather some information from by standers and relatives or friend for causes of unconsciousness.

1. Spinal injury-This is a life threatening injury which requires special management approach. However, as a first aider the best step is to determine level of consciousness (AVPU protocol) and cause of the injury, rest the casualty, immobilize body to remain as it’s found or preferably straight with padding in between protuberances of the lower limbs, and call for ambulance services. Keep the casualty in a left recovery position. DO NOT attempt to bend or move the person unless in danger or in a state of deteriorating consciousness. If the casualty is to be moved, preferably call for another helper or person to help move the victim. For injury to neck use semi-rigid collar, rolled towel, stones, and sand bags to support the head in a stable position. If there is paralysis to the limbs immobilize the limbs and secure airway, reassess the level of consciousness and change management strategy as required. Try to as much as possible to strap the body in a neutral position and while arranging for transfer preferably three person, one at the neck, one at the pelvis, and one person to the ankle to help in lifting and transfer to ambulance or nearby help center.
2. As a first aider, how will you manage the following conditions.
3. Asthma- this is an airway disorder always resulting from triggers such as smoke, tobacco, animal furs, pollens and other allergens leading to inflammation and swelling with excessive mucus secretions clogging the airway and a resulting difficulty in breathing to the individual. The major signs and symptoms always includes shortness of breaths, chest tightness, wheezing, dry cough irritating, difficulty breathing, difficulty speaking, frightened and panicked mood, lips turning bluish, and loss of consciousness. The major steps in the management of such victims includes reassurance to the casualty while keeping them upright, dispense 2-4 puffs of bronchodilators every 4 minutes, do not leave person alone, if unconscious follow the basic life support of assisted ventilation, and ensure treatment of the underlying triggers through removal of casualty or removal of the hazards from the casualty environment. Call the ambulance for emergency services and further referral.
4. Stroke-This is when a part of the brain cells have died due to little or no oxygen resulting from blockage or ruptures of the blood vessel supplying the particular brain part. Rapid assessment using the acronym FAST- Facial appearance, Arm Positioning, Speech coherence, and Time provides best approaches to diagnosis and management. The effects can be temporary while sometimes can remain permanent and requires urgent medical attentions whenever anticipated. The major signs and symptoms always includes weakness and numbness or paralysis of the limbs (arms and legs), difficulty speaking and swallowing, dizziness and loss of balance, decreased vision in both or one eye, severe headache and loss of consciousness. The steps for management of this conditions involves reassure and keep calm, call ambulance, stay with patient, don’t give anything orally. Assess using the **SAMPLE-Sign and Symptoms, Allergies to other substances, Medications history, Past history of sickness, Last Meals time before events, and Events before incidents** if conscious. But, if casualty becomes unconscious follow basic life supports- Clear airway, assisted ventilations and resuscitations, maintain airways in the right positioning preferably left recovery position to prevent the tongue falling backward and occluding the airway.
5. Heart Attack-This occurs as a result of a part of the heart muscles is suddenly deprived of oxygen supply and starts to die. It’s always preceded by a warning sign of blurring and faintness; however, the major signs and symptoms are severe chest pain near the breast bone radiating to the arms, jaw, and back, shortness of breath, anxiety, sweating, dizziness, collapse, and death if not taken care of as early as possible. The management involves immediate assessment using the DRS ABCD protocol and calling ambulance while providing rest to the victims, reassure and assist them to take any prescribed medications, if conscious sit up in comfortable positions, monitor vital signs, if unconscious follow basic life supports. Loosen any tight clothing on neck and chest to provide better ventilations.
6. As a humanitarian development practitioner, what are some of the challenges in your Country within the humanitarian sector in terms of research?

Generally speaking health research has been the oldest model phrase for strengthening the health system. The most recent advances in the commission for development of health system has made a better move to name it research for health system developments as in the definition of health its pointing towards multi-disciplinary efforts need than a single sector need. Health in its simple definition is a state of complete physical, mental, economic, and spiritual well-being of the body.

Despite the increased health spending and investment in the 1960s and 1970s during the colonial era, most African states have struggled to deliver a competent health system. Health disparities and inequities have remained pronounced and evidenced amongst the general population and is critically despising the efforts of the World Assembly and UN convention on provision of Sustainable Development Goals. With the cut in donor health budgets and health spending, and erosion of democratic leadership in the developing nations, the health system is continuing to witness a loom in its development. The health system is neither robust nor flexible enough to respond to emerging health crisis, many do depends on traditional and faith based providers who are more affordable, accessible, and available but are however, not supported by policies and funding as such.

In developing countries and Uganda specifically the major challenges affecting research for health system development spanned from the macro factors of weak policies, governance and leaderships, economic equity and growth, human resource for health, and financing to the micro factors of nutrition’s, social, nutrition and health, living conditions, legal rights, and educations of an individual. The Commission for Health Research Development COHRED founded in 1993 stated that, a better research health system meeting the optimum delivery of an evidence based health actions to the population is governed by its core functions’ of; stewardship and governance, better funding, capacity building, knowledge generations, and utilization of the evidence based information’s; sort of these principles would mean poor or low and weak health system growth and development. These principles and their shortcoming in the developing world have been cited and discussed below.

* Stewardship and governance to direct health system resources appropriately without exhausting and draining its source. Example committees meant for the development of policies and leadership that helps to build a national platform for research data and information’s generations and storage for use. In contrary many developing countries does have research platform which doesn’t involves many of the sectoral bodies geared towards development and for that matter much of the health research have been single-eyed with lack of comprehensiveness to incorporate and integrate other national development sector in the research industry.
* Adequately financing research processes in the health system. Example the national budget allocation to meet the agreed 2% limits and while international supports earmarked at 5% of the bilateral and donor funding’s into health system research. Donors have always not factored in research components in development programmes and this has affected strengthening the capacities of research in many developing nations. Examples the vertical program such as Global Fund for HIV/TB and Malaria and the 3 by 5 model of funding have made recipient countries vulnerable and incapable of broadening their scope for developing health system.
* Capacity building of the health system that can sustain itself using available resources. Most countries in the developing world have not invested and optimized health research as a basis for advancement in development. This low priority planning has impacted the developing nations at large with lack of capacity of human resources required to maintain the urge and growth of the health system.
* Knowledge generation or translation of the findings into technologies and actions that can be effective without much side effects. As a matter of facts many developing countries are struggling to adopt what has been proven beneficial in other nations other than their local context. This lack of innovations to translate and use the local knowledge base for developing research capacity and building a competent evidence base research system has resulted in the failure of many policies being adopted as a matter of one-size-fit all approaches. Until the developing nations starts to build on their own local strategy for health development, health system research would not bring any better gain to the little investment these nations are trying to inject into the advancement of their health system.
* Knowledge utilization of the finding to generate new ideas that can replicate into solutions for upcoming health threats. The basis for continuously conducting health research is to ensure the replication and development of a health system that is dependent on the primary level information. However, many developing countries have not analyzed this strategic approach and most developing countries have not produce any new development agenda based on this principle. This and the lack of understanding the contextual based needs for health service delivery has led to inequities amongst populations to utilization of health services and the end result is unequal health coverage in the developing countries.

However, these core functions’ have been a theory in many developing nations such as Uganda due to the fact that the political system has never been democratic and this is one way in which health disparities have always resulted hence forcing the general population to suffer at the expense of those who are favored in the government system.

Therefore in principles funding agreements, health research capacity building, evidence-based health research, building on the local knowledge base, and adopting a local contextual policies that meets the needs of the national health system are considered best practices for ensuring a growth in health system and attaining one of the set objectives in the Millennium Development Goals and as well the Sustainable Development Goals as adopted by individual countries in the world.

In October 4th 2019, the WHO Assembly at the UN General Assembly members stated*, “Without data-driven policy-making, decision-making and monitoring and evaluation of the progress and the challenges, it will be impossible to attain the universal health coverage goals”,* stressed Mariam Jashi, the Chair of the Education, Science and Culture Committee of the Parliament of Georgia. It was a strong opener for a side event during this year's UN General Assembly where panelists highlighted the need for further investments in health policy and systems research to achieve universal health coverage.

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